

Georgia Board of Pharmacy

2 Peachtree Street, N.W., 6th Floor Atlanta, GA 30303

(404) 651-8000 www.gbp.georgia.gov

Do Not Write in this Section: Receipt#: Amount:	_
Applicant#:	- - -

RE-EXAMINATION APPLICATION FOR PHARMACY PRACTICAL EXAM

Examination dates are available at http://gbp.georgia.gov/events

Examination deadlines are approximately four (4) weeks prior to the exam date in order to be considered. Please note timely submission does not guarantee exam seating at the next scheduled exam due to limited seating. An applicant needing to cancel or reschedule his/her appointment to take the practical examination must notify the Board of such in writing at least ten (10) days prior to his/her scheduled date. With proper notice, the Board will schedule an applicant one additional time; thereafter, an applicant will be required to submit a re-examination application and pay an additional fee. Candidates will be scheduled in the order in which their applications or requests for re-examination are received.

Instruct	ions:
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 Fully complete this application. Type or print clearly. Submit this form along with the \$100 examination fee to the address above. 				
NAME:			_	
LAST	FIRST	MIDDLE	MAIDEN	
SOCIAL SECURITY NUMBER		DATE OF BIRTH:		
(Required for identificat	ion, law enforcement, statistical a	nd administrative purposes)		
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MAILING ADDRES	S:			
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	is required, if different than th	ress and license number are public mailing address. You must im		
PHYSICAL ADDRE	SS:			
Physical Address (P.O. I	Box is not acceptable)			
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City	State	Zip	<u> </u>	

Telephone Number	Day Telephone Number	Email Address*
*if further information is nee	ded, email is the most efficient v	vay for Board staff to contact you so that your application
can be processed in the most	efficient manner. Your email wi	ll not be shared with third parties.
How many times have yo	u previously taken the Geor	gia Practical examination?
List the location(s) and da	ate(s):	
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I attest that the information	on I have provided is true an	d accurate to the best of my knowledge.
Signature of Applicant		Date
Signature of rippirount		Bute